## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEB (if required). Blocks I through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	correspondence includir ed below or directed oth tions.	ig the Patent, advance on herwise in Block 1, by (a	rders and notification of a) specifying a new corre	maintenance fees w spondence address;	vill be r and/or	nailed to the current (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
21365	7590 04/28	/2008	1161				
GEN PROBE I 10210 GENETIO Mail Stop #1 / P	I h Sta adc tras	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
SAN DIEGO, C	A 92121						(Depositor's name)
							(Signature)
						· · · · · · · · · · · · · · · · · · ·	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/712,654	10/712,654 11/12/2003		Sylvia A. Norman	GP141-03.UT			8961
TITLE OF INVENTION	: ASSAY AND COMPC	DITIONS FOR DETECT	TION OF BACILLUS AN	THRACIS NUCLE	IC ACI	D	
APPLN. TYPE	SMALL ENTITY	ISSUE FRE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E PEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1440	\$300	\$0 ]		\$1740	07/28/2008
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
· · · · · · · · · · · · · · · · · · ·	DMAVATHI	1645	435-006000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is ident h in 37 CFR 3.11. Comp GNEB		THE PATENT (print or ty data will appear on the T a substitute for filing ar (B) RESIDENCE: (CIT San Diego,	patent. If an assign assignment. Y and STATE OR C			ocument has been filed for
Gen-Probe	Incorporated		san Drego,	CA USA			
Please check the appropr	riate assignee category or	categories (will not be p	rinted on the patent): $\Box$	Individual 🖺 Co	orporatio	on or other private gro	oup entity Government
4a. The following fee(s)  Issue Fee  Publication Fee (1)  Advance Order	are submitted: No small entity discount p	b. Payment of Pee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.7 ÷ 08.35 (enclose an extra copy of this form).					
	itus (from status indicate ns SMALL ENTITY statu	•	☐ b. Applicant is no lo.	nger claiming SMA	LL ENI	「ITY status. See 37 Cl	FR 1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than to Office.	the applicant; a reg	istered a	ittorney or agent; or th	ne assignee or other party in
Authorized Signature	Α.	a. Gorznache					
Typed or printed nam		. Gritzmacher		Date Jul.  Registration N	No4	0,627	
Alexanoria, virginia 223	113-1430.		on is required to obtain or 1.14. This collection is e to depending upon the indice Chief Information Offic COMPLETED FORMS To the property of the collection of instance of the collection of t				by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,